

The logo for LA Health, featuring the letters 'LA' in a stylized blue font followed by the word 'Health' in a blue sans-serif font.

LA Health

Powered by  Discovery



2022

# Plan Comparison

		LA Keyplus	LA Focus	LA Active	LA Core	LA Comprehensive
		KeyCare Network hospitals are the Designated Services Providers (DSP) for all In-Hospital procedures, including PMB care. Specific Day Surgery facilities are the DSPs for specific procedures or treatment	Hospitals in a Province with a coastline and specific hospitals in the remaining South African Provinces are the Designated Service Providers (DSP) for all hospital care, including PMB in-hospital care. Specific Day Surgery facilities are the Preferred Providers for specific procedures or treatment	These Benefit Options have a Major Medical Benefit for all in-hospital and large expenses. KeyCare Network hospitals are the Designated Services Providers (DSP) for PMB in-hospital care. Specific Day Surgery facilities are the Preferred Providers for specific procedures or treatment		
		These Benefit Options provide medicine benefits for Prescribed Minimum Benefit Chronic Disease List conditions			These Benefit Options provide cover for the Prescribed Minimum Benefit Chronic Disease List medicine as well as for several Additional Chronic conditions	
		To get full cover for out of hospital care, members must use the services of GPs in the KeyCare network and that of KeyCare Specialists working in a Network hospital	This Option pays for some day-to-day expenses from a Medical Savings Account	This Option pays for some day-to-day expenses from a Medical Savings Account. Further cover is provided through the Extended Day-to-day Benefit for GP, specialist, dentist, acute medicine, radiology, pathology and optical benefits		This Option pays for some day-to-day expenses from a Medical Savings Account. Further cover is provided through the Above Threshold Benefit for most disciplines
PMB	<b>Prescribed Minimum Benefits</b>	All LA Health Medical Scheme benefit options cover the costs related to the diagnosis, treatment and care of: an emergency medical condition, a defined list of 270 must match the treatments in the defined benefits. You must use the services of Designated Service Providers (DSPs) in our network – this does not apply in medical meet the above criteria, we will pay up to 80% of the LA Health Rate (LAHR). You will be responsible for the difference between what we pay and the actual cost of		diagnoses, a defined list of 27 chronic conditions, HIV or AIDS and Oncology. Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions. The treatment needed emergencies. Where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If your treatment doesn't your treatment		
MSA	<b>Medical Savings Account</b>	Not offered on this Option	Pays for day-to-day medical expenses like GP consultation fees, prescribed and M R7 788   S/A R5 040   C (max 3) R2 292	over-the counter medicine, radiology and pathology as long as you have MSA available M R7 224   S/A R5 220   C (max 3) R2 988	M R10 452   S/A R9 132   C (max 3) R4 200	M R12 984   S/A R7 536   C (max 3) R3 288
EDB	<b>Extended Day-to-day Benefit</b>	Not offered on these benefit options		Pays for GPs, specialists, dentists, acute medicine, radiology, pathology and optical benefits after you have run out of money in your Medical Savings Account M R5 256   S/A R3 674   C (max 3) R1 060		Not offered on this benefit option
ATB	<b>Above Threshold Benefit</b>	Not offered on these benefit options				Covers day-to-day healthcare services once the Annual Threshold is reached <b>ANNUAL THRESHOLD:</b> M R18 084 / S/A R12 336 /C (max 3) R5 436 The Above Threshold Benefit (ATB) is unlimited, but specific annual benefit limits may apply
ALTERNATIVES	<b>Out of hospital surgical and other procedures</b>	Not offered on this benefit option	Surgical procedures performed in doctor's rooms and laser tonsillectomy, 24 hour	oesophageal pH studies and oesophageal motility studies paid up to the LA Health Rate. Subject to preauthorisation		
	<b>Health@Home</b>	Acute and chronic care in lieu of hospitalisation paid from Major Medical Benefit, up to 100% of the LA Health Rate, subject to authorisation, clinical criteria, baskets Approved cover for these devices will not affect your day-to-day benefits, but are subject to clinical criteria and specific limits that may apply		of care and management by the Scheme's Designated Service Providers. Includes benefits for home monitoring devices.		
	<b>Approved Step Down Nursing Facilities</b>	Unlimited up to 100% of the cost at LA Health Rate, subject to pre-authorisation and case management				
	<b>Compassionate care</b>	Limited to R49 650 per family per year for all non-PMB claims. PMB claims unlimited, but first accumulate to the limit. Paid subject to clinical criteria	Terminal Care (excluding frail care) Unlimited, paid at cost up to LA Health Rate.		Subject to clinical criteria and authorization	

**LA Keyplus**

**LA Focus**

**LA Active**

**LA Core**

**LA Comprehensive**

<b>AMBULANCE SERVICES</b>	<b>DISCOVERY 911</b>	Paid from Major Medical Benefit; no overall limit.															
<b>CANCER COVER</b>	<b>Oncology Benefit, including chemo- and radiotherapy</b>	PMB Cancer treatment is always covered in full, subject to the use of a Designated Service Provider (DSP), where applicable. If you choose to use any other provider, we will cover up to 80% of the LA Health Rate	Cancer treatment and Cancer-related PET Scans covered from benefits in the reached for all non-PMB treatment and care. A 20% deductible will apply from R1, You have access to local bone marrow donor searches and stem cell transplant up	Oncology Programme. No overall limit in a 12-month cycle subject to approval of a treatment plan, paid up to the LA Health Rate. All claims accumulate to a threshold. A 20% co-payment applies after the threshold is if the Designated Service Provider is not used to obtain a PET scan to the agreed rate, subject to clinical protocols, review and approval													
	<b>Oncology Innovation Benefit</b>	Not available on these Options	Applicable threshold: R228 000		Applicable threshold R456 000												
	<b>Advanced Illness Benefit and the Oncology member support programme</b>	Access to a comprehensive palliative care programme. This programme offers unlimited cover for approved care at home, care coordination, counselling services and You also have access to a GP consultation to facilitate your palliative care treatment plan	supportive care for appropriate end-of-life clinical and psychologist services. Paid from MMB. Subject to authorisation.			Cover for a defined list of innovative cancer medicine, subject to clinical criteria, Paid up to 75% of the account											
<b>CARDIAC STENTS</b>		Unlimited and paid in full if obtained from Network supplier. If supplied by a non-Network supplier, limited to R7 350 per drug-eluting stent and R6 200 per bare metal stent per admission. The hospital and related accounts cost do not accumulate to the stent limit.	Paid up to the LA Health rate, from MMB subject to clinical criteria and authorisation														
<b>DENTISTRY</b>	<b>Dentistry in hospital</b>	Not covered on this benefit option	<p><b>SPECIALISED DENTISTRY IN HOSPITAL</b></p> <p>Hospital accounts paid up to the LA Health Rate, subject to the applicable deductible for <b>IN-HOSPITAL SPECIALISED OR BASIC DENTISTRY</b>. Balance of Hospital/Day Clinic account (after deductible) paid from MMB.</p> <table border="1"> <tr> <td>Hospital</td> <td>Younger than 13 years</td> <td>R2 220</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R5 610</td> </tr> <tr> <td>Day Clinics</td> <td>Younger than 13 years</td> <td>R1 090</td> </tr> <tr> <td></td> <td>Older than 13 years</td> <td>R3 670</td> </tr> </table> <p>Basic dental services that form part of the specialised treatment, obtained from a Network Dentist, unlimited, subject to a list of procedures. Related non-hospital accounts, including those for non-Network dentists, anaesthetists, etc.) subject to a limit of R24 750 per person per year</p> <p>Related non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to limit of R24 750 per person per year</p> <p>Related, non-hospital accounts (for dentists, anaesthetists, etc) paid from MMB, subject to a joint limit of R32 700 for in-and out-of-hospital specialised dentistry per person per year</p>			Hospital	Younger than 13 years	R2 220		Older than 13 years	R5 610	Day Clinics	Younger than 13 years	R1 090		Older than 13 years	R3 670
	Hospital	Younger than 13 years	R2 220														
		Older than 13 years	R5 610														
Day Clinics	Younger than 13 years	R1 090															
	Older than 13 years	R3 670															
<b>Dentistry out of hospital</b>	Not covered on this Option	<p><b>RELATED NON-HOSPITAL ACCOUNTS FOR BASIC DENTISTRY IN HOSPITAL</b></p> <p>Paid from MSA</p> <p>Paid from and limited to funds in MSA/EDB</p> <p>Paid from MSA/ATB, subject to joint limit of R16 890 per person per year for in- and out-of-hospital basic dentistry</p>															
	Basic Dentistry: no overall limit, subject to a list of procedures from a dentist in the KeyCare Network	<p><b>SPECIALISED DENTISTRY OUT OF HOSPITAL</b></p> <p>Paid from MSA. Any basic dentistry services provided by a dentist in the LA Focus Dental Network as part of the specialised dentistry procedure, paid from MMB</p> <p>Paid from and limited to funds in MSA/EDB</p> <p>Paid from MSA/ATB, subject to joint limit of R32 700 per person per year for in- and out-of-hospital specialised dentistry</p> <p><b>BASIC DENTISTRY OUT OF HOSPITAL</b></p> <p>Paid from MMB if obtained from a Dentist in the DSP Network. Payable from MSA if non-DSP provides these basic dental services.</p> <p>First R4 015 per family payable from MMB. Thereafter paid from MSA/EDB.</p> <p>Paid from MSA /EDB</p> <p>Paid from MSA/ATB, subject to joint limit of R16 890 per person per year for in- and out-of-hospital basic dentistry</p>															

		LA Keyplus	LA Focus	LA Active	LA Core	LA Comprehensive	
<b>EXTERNAL MEDICAL ITEMS/MEDICAL EQUIPMENT BENEFIT</b>	<b>Oxygen rental</b>	Covered in full at the Scheme's Designated Service Provider. If the Designated Service Provider is not used, a 20% co-payment will apply					
	<b>External appliances / devices</b>	Mobility benefits limited to R5 400 per family, subject to DSP. If the DSP is not used, then no benefit	Prosthetic limbs, eyes and other external prostheses, orthopaedic appliances		(including wheelchairs and crutches), nebulisers, glucometers, diabetic equipment, diagnostic agents and appliances, stoma bags, bandages, hearing aids and wigs, subject to PMB		
	<b>External medical items extender benefit</b>	Not available on these benefit options		Paid from the MSA		Paid from MSA/ATB. Limited to R30 270 per family with a sub-limit of R20 240 per family for hearing aids	
	<b>Blood glucose monitoring device</b>	1 device per qualifying person who is registered on the Chronic Illness Benefit for Diabetes, subject to authorisation and clinical criteria. Limited to the home monitoring device limit of R4 000 per person per year		Paid from Major Medical Benefit, subject to clinical criteria and approval			
	<b>Continuous blood glucose monitoring</b>	Not offered on this Option		R1 560 per month paid for sensors to be used with a continuous blood glucose monitoring device. Subject to an annual co-payment of R1 170 per adult or R1 560 per child beneficiary, registration on the Diabetes Management Programme, clinical criteria and the sensors being obtained from a Network pharmacy. Readers and / or transmitters limited to R4 350 per device; paid from Readers and/or transmitters paid from MSA, limited to R4350 per device.		On the LA Comprehensive Option, payment for reader / transmitter subject to MSA/ATB and the External Medical Items Benefit	Readers and/or transmitters paid from MSA subject to the External Medical Items Benefit and limited to R4 350 per device
<b>GENERAL PRACTITIONERS (GPS)</b>	<b>GP consultations and services, including virtual and tele-consultations</b>	<ul style="list-style-type: none"> <li>In hospital visits paid in full if the services of a KeyCare Network GP are used.</li> <li>15 Out of hospital visits per person at the selected GP in the KeyCare network. Additional visits subject to authorisation</li> <li>3 Unscheduled, emergency visits, per person at selected GP.</li> <li>4 out-of-network GP visits per person per year and 4 each of selected blood tests, X-rays and acute medicines ordered by the out-of-network Dr</li> <li>1 Casualty/outpatient Benefit (excluding facility fees) per person at a Network hospital, subject to a R425 co-payment</li> </ul>		<ul style="list-style-type: none"> <li>In hospital unlimited and paid up to the LA Health Rate</li> <li>Out of hospital paid from MSA</li> <li>2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables</li> </ul>		<ul style="list-style-type: none"> <li>In hospital unlimited and paid up to the LA Health Rate</li> <li>Out of hospital paid from MSA / EDB</li> <li>2 trauma-related casualty visits for children aged 10 and under, paid up to the LA Health rate once the MSA/ ATB has been depleted. Includes cost of the emergency casualty consultation, facility fees and consumables</li> </ul>	
<b>HOSPITAL COVER Subject to preauthorisation and clinical entry criteria</b>	<b>Private Hospital, including pathology, radiology, physiotherapy, blood transfusions, other blood products and allied treatment authorised as part of the event/procedure</b>	Unlimited cover in a general ward		Full cover in any approved private hospital in a Province with a coastline and specific hospitals in the remaining South African Provinces. If you use a hospital outside the LA Focus Hospital network, we pay up to the LA Health Rate of the hospital account and you must pay the difference. All other authorised in hospital treatment and care paid at the LA Health rate		You are covered in any private hospital approved by the Scheme, subject to authorisation. If the procedure is a PMB, you must make use of the services of a PMB Hospital in the KeyCare Network of hospitals	
	<b>Day Surgery Procedures</b>	You are covered in any facility approved by the Scheme. The facility must be in the LA KeyPlus Network of Day Surgery Facilities		You are covered in any facility approved by the Scheme. The facility must be in the LA Focus Network of Day Surgery Facilities		You are covered in any facility approved by the Scheme	
	<b>Spinal or colorectal care and surgery</b>	In- and out-of-hospital management of colorectal care and surgery, including related accounts, paid up to the LA Health Rate, subject to clinical criteria, authorisation and DSP. If DSP is not used, paid at 80% of the LA Health rate. No benefits in relation to spinal care, except PMB		In- and out-of-hospital management of spinal or colorectal care and surgery paid up to the LA Health Rate at Network DSP, subject to clinical criteria. If DSP is not used, paid at 80% of the LA Health rate. Related accounts paid up to the LA Health Rate		Out-of-hospital conservative spinal treatment subject to a basket of care	
	<b>Hospitalisation for select members with one or more chronic conditions</b>	Paid in full if registered on a Disease Management Programme. Paid up to 80% of the Scheme Rate for the Hospital and Related accounts if not registered on the Programme		Subject to stated benefits in each of these benefit options for In Hospital and other related treatment			

**LA Keyplus**

**LA Focus**

**LA Active**

**LA Core**

**LA Comprehensive**

<b>MANAGED CARE PROGRAMMES</b>	<b>HIVCare Programme</b>	Subject to PMB. Unlimited, paid at cost subject to clinical criteria and guidelines	
	<b>Diabetes or Mental Care Programmes</b>	Subject to PMB. Non-PMB and other related services covered in a treatment basket, subject to referral by the DSP Network GP and participation on the Chronic Illness Benefit	

<b>MATERNITY COVER</b>	<b>Maternity cover during the pregnancy and for two years after your baby's birth once the benefit is activated</b>	<p><b>DURING PREGNANCY</b></p> <ul style="list-style-type: none"> <li>8 antenatal consultations with your gynaecologist, GP or midwife</li> <li>Two 2D ultrasound scans, including one nuchal translucency test, per pregnancy. 3D and 4D scans are paid up to the rate we pay for 2D scans</li> <li>One T21 chromosome test or Non-Invasive Prenatal Test (NIPT) if you meet the clinical entry criteria</li> <li>A defined basket of blood tests</li> <li>5 antenatal or postnatal classes or consultations with a registered nurse, up until two years after you have given birth</li> </ul> <p>Antenatal classes limited to R1 775 per pregnancy for mothers not registered on the Maternity Programme, paid from MSA/ATB on the LA Comprehensive Option only</p>		<p><b>AFTER YOU GIVE BIRTH</b></p> <ul style="list-style-type: none"> <li>Your baby is covered for up to two visits to a GP, paediatrician or an ENT</li> <li>You are covered for one six-week post-birth consultation at your midwife, GP or gynaecologist for complications post delivery</li> <li>One nutritional assessment at a dietitian</li> <li>Two mental health consultations with a counsellor or psychologist</li> <li>One breastfeeding consultation with a registered nurse or a breastfeeding specialist</li> </ul> <p>To access these benefits on LA KeyPlus, your chosen GP must refer you</p>	
	<b>Doulas</b>	Not available on this benefit option	Paid from MSA only		

<b>MEDICINE BENEFITS</b>	<b>PMB Chronic Illness conditions</b>	You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits			You have cover for the 27 Chronic Disease List conditions according to the Prescribed Minimum Benefits list as well as additional conditions on our Additional Disease List (ADL)							
	<b>Chronic Medicine Cover including take-home approved chronic medicine at discharge from hospital</b>	Approved chronic medicine covered in full when you use one of our network pharmacies or your chosen GP. Your chosen GP must prescribe the chronic medicine. For medicine not on our list, we cover up to the cost of the lowest cost formulary medicine for the condition  Covered with no overall limit from Designated Service Provider.  Medicine when discharged from hospital limited to R190 per admission.	Approved medicine on our medicine list covered in full when you use a network pharmacy. Medicines not on our list paid up to up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether on the medicine list or not		Approved medicine on our medicine list covered in full when you use a network pharmacy. Medicines not on our list paid up to up to a set monthly amount, called the Chronic Drug Amount (CDA). If you use more than one medicine from the same medicine category, we will pay up to the monthly CDA, whether on the medicine list or not.		Medicine for Additional Disease List conditions limited to  <table border="1"> <tr> <td><b>M</b> R12 025</td> <td><b>M+</b> R23 860</td> </tr> </table>	<b>M</b> R12 025	<b>M+</b> R23 860			
	<b>M</b> R12 025		<b>M+</b> R23 860									
	<b>Acute / prescribed medicine, including take-home prescribed medicine at discharge from hospital</b>	Paid from the MSA up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		Paid from the MSA / EDB up to 100% of the LA Health Medicine Rate for medicine on the preferred list of medicine and at 90% of the Medicine Rate for medicine on the non-preferred medicine list		Medicine for Additional Disease List conditions limited to  <table border="1"> <tr> <td><b>M</b> R5 880</td> <td><b>M1</b> R11 830</td> <td><b>M2</b> R13 695</td> </tr> <tr> <td><b>M3</b> R15 575</td> <td><b>M4</b> R16 870</td> <td><b>M5+</b> R18 545</td> </tr> </table>		<b>M</b> R5 880	<b>M1</b> R11 830	<b>M2</b> R13 695	<b>M3</b> R15 575	<b>M4</b> R16 870
<b>M</b> R5 880	<b>M1</b> R11 830	<b>M2</b> R13 695										
<b>M3</b> R15 575	<b>M4</b> R16 870	<b>M5+</b> R18 545										
<b>Over the Counter (OTC) medicine</b>	Not covered on this benefit option		Paid from MSA up to 100% of the cost. Certain unregistered supplements subject to a limit of R1 570 per person per year		Paid from MSA / EDB up to 100% of the cost. Certain unregistered supplements subject to a limit of R 1 570 per person per year							
<b>Specialised Medicine and Technology Benefit.</b>	Not covered on these benefit options			Paid from MSA up to 100% of the cost without accumulation to the Threshold. Certain unregistered supplements subject to a limit of R1 570 per person per year			Subject to authorisation. Paid at the LA Health Medicine Rate up to R228 000 per person per year with a variable co-payment up to a maximum of 20% of the cost of the medicine or technology, based on the actual condition and medicine applied					

**LA Keyplus**

**LA Focus**

**LA Active**

**LA Core**

**LA Comprehensive**

<b>MENTAL HEALTH BENEFITS</b>	<b>PMB</b>	Maximum overall limit of 21 days for in and out of hospital care paid at cost at DSP, subject to clinical criteria. The limit includes benefits for a maximum of 21 days in hospital and/or 15 psychiatrist / psychologist contacts out of hospital, both accruing to the overall limit of 21 days. If services of DSP hospital are not used a 20% co-payment applies			
	<b>PMB Alcohol or drug abuse-related treatment and care</b>	Paid at cost for PMB Care at DSP, limited to a maximum of 3 days for alcohol or drug abuse-related treatment or care, or treatment in the case of an attempted suicide. Accumulates to the overall limit of 21-days of PMB care for Mental Health			
	<b>Out of hospital, non-PMB mental health benefits</b>	Paid from the applicable benefits, subject to the use of the Network DSP providers' services On Keyplus option psychiatrists are subject to Specialist limit of R4 730	Paid from MSA	Paid from MSA / EDB	Paid up to LA Health Rate from MSA/ATB, limited to R21 200 per family R7 050 per beneficiary for non-PMB treatment and care related to alcohol and substance abuse. Paid up to the LA Health Rate, subject to the Out of Hospital non-PMB limit of R21 200 per family for non-PMB mental health care
<b>MRI AND CT SCANS</b>	In hospital: Covered subject to a preauthorised event and scan related to the hospital admission, only at a KeyCare network hospital. If not related to the admission, limited to the Specialist Limit of R4 730 per person per year  If related to back or neck treatment, limited to the Specialist Benefit limit of R4 730  Out of Hospital: Covered by Specialist Benefit up to R4 730, if referred by KeyCare GP	Paid up to 100% of the LA Health Rate, subject to referral by a Specialist and authorisation when the member is in hospital. When performed out-of-hospital, paid up to the LA Health Rate. The first R3 100 of MSA is already depleted		Paid up to 100% of the LA Health Rate, subject to referral by a Specialist and authorisation	
<b>OPTICAL</b>	<b>Optical</b> One eye test per person per year and one pair of clear mono- or bi-focal glasses or contact lenses per person every two years, from last date of service, at an Optometrist in the KeyCare Network. Refractive eye surgery not covered on this benefit option	Paid from the Medical Savings Account	Paid from the Medical Savings Account/Extended Day-to-day Benefit		Eye test consultations paid from MSA/ATB. Spectacles, frames, contact lenses and refractive eye surgery paid up to a limit of R5 020 per person per year from MSA/ATB
<b>ORGAN TRANSPLANTS</b>	<b>Including bone marrow/stem cell transplants</b> Subject to PMB and the use of Network DSP providers. A 20% co-payment applies if non-network providers are used. Subject to clinical criteria and authorisation	Subject to PMB. Paid at cost/up to the LA Health Rate, subject to authorization and clinical criteria. Stem cells must be locally sourced			

**LA Keyplus**

**LA Focus**

**LA Active**

**LA Core**

**LA Comprehensive**

<b>OTHER BENEFITS</b>	<b>Screening and Prevention Benefits</b>	<p>We cover certain tests at a wellness network provider: blood glucose, blood pressure, cholesterol and body mass index, screening tests for children between the appropriate screening tests for persons who are older than 65 years</p> <p>We also cover a mammogram or ultrasound of the breast every two years, Pap smear every three years, PSA (a prostate screening test) once a year, Pneumococcal is available for those who meet our clinical criteria</p> <p>Other vaccines are covered from the day-to-day benefits that apply for the specific benefit option</p>	<p>ages of 2 and 18 years, which include a growth assessment and health and milestone tracking for children between the ages of 2 and 8 years at any one of our wellness network providers and cover for a group of age vaccinations subject to age appropriate intervals, bowel cancer screening tests every two years for members between 45 and 75 years, HIV screening tests, or a seasonal flu vaccine. Additional, and/or more frequent screening</p>
	<b>Trauma Recovery Benefit</b>	<p>Extends cover for specific out-of-hospital claims for recovery after certain traumatic events for the rest of the year in which the trauma took place, and a year after</p>	<p>the trauma. Specific limits apply for each of the benefits based on the specific benefit option</p>
	<b>Terminal or compassionate care that is not cancer-related (in-patient and home-based care)</b>	<p>Unlimited for PMB scope of care, but PMB claims first accumulate to the threshold limit of R49 650 per person per lifetime. This limit applies for all other claims</p>	<p>Prescribed Minimum Benefit paid from Major Medical Benefit, subject to clinical entry criteria and preauthorisation.</p>

<b>PATHOLOGY AND RADIOLOGY</b>	<b>Pathology</b>	<p>Out of hospital pathology services up to the LA Health rate. Jointly limited to the Specialist Services limit of R4 730 per person per year. Includes benefits for services rendered in a casualty/outpatient facility</p>	<p>In Hospital Basic pathology paid up to the LA Health Rate, subject to the use of the services of the Scheme's Designated Service Provider.</p>			
	<b>Gastroscopy, colonoscopy, sigmoidoscopy or proctoscopy</b>	<p>Prescribed Minimum Benefit cover, in the KeyCare Day Surgery Network. If done in the doctor's rooms, we pay the account from the Major Medical Benefit</p>	<p>Out of Hospital paid from MSA</p>	<p>Out of Hospital paid from MSA / EDB</p>	<p>Out of hospital paid from MSA / ATB</p>	
	<b>MRI and CT Scans and ultrasounds</b>	<p>In hospital scans paid as part of treatment for the authorised condition, at DSP hospital. If not related to the admission, limited to the Specialist benefit limit of R4 730 per person per year</p> <p>Out of hospital scans paid from the Specialist Benefit limit of R4 730, if referred by KeyCare GP</p>	<p><b>IN HOSPITAL</b> First R3 100 of Hospital account paid from MSA. Remainder of scope account paid from MMB. Related accounts paid from and limited to funds in MSA</p>	<p><b>IN HOSPITAL</b> First R3 100 of Hospital account paid from MSA. Remainder of scope account paid from Major Medical Benefit. Related accounts paid from and limited to funds in MSA / EDB</p>	<p><b>IN HOSPITAL</b> Paid up to the LA Health Rate, subject to authorisation</p>	
	<b>Radiology, including X-rays</b>	<p>Paid from MMB, at DSP Hospital, subject to clinical criteria. If the services of the Preferred Provider are not used, paid to the member at the Scheme Rate.</p> <p>Out of hospital: Paid according to a list of procedure codes, subject to PMBs and only if requested by the member's chosen KeyCare GP</p> <p>Requests from specialists covered up to the R4 730 specialist limit</p>	<p><b>OUT OF HOSPITAL</b> Paid from MMB. Unlimited, subject to preauthorisation. Related accounts paid from available day-to-day benefits as per the specific benefit option.</p>			
			<p>In hospital scans: Unlimited, paid up to 100% of the LA Health Rate.</p>	<p>Out of Hospital, the first R3 100 of the scan paid from the MSA. The remainder of the account is paid from Major Medical Benefit.</p>	<p>Out of Hospital, unlimited up to the LA Health Rate</p>	
		<p>In hospital: Paid from MMB, subject to authorisation</p>	<p>Paid from MSA</p>	<p>Paid from MSA/EDB</p>	<p>Paid from MSA/ATB</p>	

		LA Keyplus	LA Focus	LA Active	LA Core	LA Comprehensive
<b>PROSTHESES</b>	<b>Internal prostheses</b>	Unlimited and paid up to the LA Health Rate, subject to clinical criteria. No cover on this benefit option for cochlear implants, implantable defibrillators, internal nerve stimulators and auditory brain implants, spinal devices and prostheses, shoulder replacement prostheses, major joint replacement devices, including hip and knee replacement devices	Cochlear implants, implantable defibrillators, internal nerve stimulators and auditory Spinal devices/prostheses: Unlimited if obtained from Designated Service Provider. Only one procedure per year will be authorised. Shoulder replacement prostheses: Unlimited if obtained from the Scheme's Preferred Major joint replacements, including hip and knee replacements: Paid subject to the to the hospital account. Devices for hip or knee replacements unlimited from the Internal prostheses not mentioned elsewhere in this brochure: Paid up to the LA	brain implants paid up to R235 100 per person per year, subject to preauthorisation. If the Scheme's DSP is not used, limited to R26 250 per level, with an overall limit of R52 500 for two or more levels. Provider. A limit of R42 950 per prosthesis will apply if the Preferred Provider is not used. use of the Scheme's DSP hospital. If service is voluntarily obtained at a non-DSP hospital, a 20% co-payment will apply Scheme's Preferred Provider and limited to R30 900 per device, if obtained from a non-Preferred Provider. Health rate, subject to preauthorisation and clinical criteria.		
<b>RENAL CARE</b>	<b>Acute and chronic dialysis, including authorised medicine to treat the condition</b>	Unlimited in a KeyCare Network, subject to PMB. Subject to authorisation and clinical criteria Non-PMB treatment paid up to 100% of the LA Health Rate. Other renal care-related treatment and educational care not covered on this Option	Acute and chronic dialysis unlimited paid at cost for PMB treatment and up to the LA	Health rate for other services: Unlimited, subject to the approval of a treatment plan and the use of the services of the DSP. Co-payments will apply if the DSP is not used		
<b>SPECIALISTS</b>	<b>Specialist consultations</b>	In Hospital: On referral from the Network GP, full cover for a Specialist in the LA KeyPlus Network. Paid up to the LA Health Rate if the in-hospital services of other specialists are used Limited to R4 730 per person for out-of-hospital services, only if referred by the KeyCare Network GP. This limit includes benefits for radiology and pathology  Second-opinion international clinical review consultations obtained from specialists at the Cleveland Clinic paid from Major Medical Benefit to a maximum of 50% of	Paid up to the agreed rate for services provided by the DSP specialists and up to the <ul style="list-style-type: none"> <li>Out of hospital paid from MSA</li> <li>Virtual Paediatricians consultations paid up to the LA Health Rate For children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted</li> </ul>	LA Health Rate when the services of non-DSP Specialists are used <ul style="list-style-type: none"> <li>Out of hospital paid from MSA/EDB</li> <li>Virtual Paediatricians consultations paid up to the LA Health Rate for children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA/EDB is depleted</li> </ul>	<ul style="list-style-type: none"> <li>Out of hospital paid from MSA/ATB</li> <li>Virtual Paediatricians consultations paid up to the LA Health Rate For children aged 14 and younger for a Network Paediatrician consulted in the 6 months immediately prior to the virtual consultation, when the MSA is depleted and before the Threshold is reached, but do not accumulate to the Threshold</li> </ul>	
<b>WHO OUTBREAK BENEFIT</b>	<b>Out of hospital management of COVID-19 outbreak</b>	The following PMB benefits obtained from preferred providers / DSPs (as may apply) paid at 100% of the cost up to the LA Health Rate subject to the condition and <ul style="list-style-type: none"> <li>Screening consultations with a nurse or GP, unlimited</li> <li>A defined basket of Pathology, X-rays and scans. Limited to 2 COVID-19 tests per year, subject to referral and PMB</li> <li>Unlimited consultations with a GP / nurse</li> </ul>		treatment meeting certain clinical criteria. <ul style="list-style-type: none"> <li>Supportive treatment. Acute medicine according to a defined list of appropriate medicine</li> <li>COVID-19 vaccine, including the costs of the vaccination, unlimited subject to clinical criteria</li> <li>One pulse oximeter per person, subject to clinical criteria</li> <li>Treatment of complications and rehabilitation for long COVID-19, subject to clinical criteria and a defined basket of care</li> </ul>		

M = Member; S/A = Spouse/Adult C = Child; DSP = Designated Service Provider; MMB = Major Medical Benefit

TOTAL CONTRIBUTIONS	Remember members may be in receipt of a subsidy, and will only have to pay a portion of the total contribution. Their portion of this total contribution will have to be calculated on their						subsidy level, taking into account the maximum subsidy value paid by the employer				
	Income	Member	Adult	Child	Maximum for 3 child dependants		Member	Adult	Child	Maximum for 3 child dependants	
LA KEYPLUS	R 0 – R10 100	R1 239	R1 082	R453	R1 359	LA FOCUS	R2 589	R1 673	R761	R2 283	
	R10 101 – R14 000	R1 307	R1 143	R477	R1 431	LA ACTIVE	R3 127	R2 102	R1 037	R3 111	
	R14 001+	R1 968	R1 751	R735	R2 205	LA CORE	R6 017	R5 432	R1 798	R5 394	
						LA COMPREHENSIVE	R8 063	R6 157	R1 955	R5 865	





We're in it  
for your health.

# LA Health

Powered by  Discovery



To find out more, please call LA Health Medical Scheme on 0860 103 933, visit [www.lahealth.co.za](http://www.lahealth.co.za) or contact your accredited LA Health broker. This leaflet is a summary of LA Health's key benefits and features, submitted to the Registrar of Medical Schemes. If there is any discrepancy between this document and the registered Rules, the Rules will always apply.

- **Client Services 0860 103 933** ● **Fax 011 539 7276** ● **[www.lahealth.co.za](http://www.lahealth.co.za)**
- **[service@discovery.co.za](mailto:service@discovery.co.za)** ● **Report fraud anonymously 0800 004 500**

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

